

Consumer Protection Bureau
87 Nepperhan Ave
Room 212
Yonkers, NY 10701

City of Yonkers
Common Show
License Application

Phone: 914 377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:
This license is not transferable.

Requirements:

1. Application must be completed and signed by the applicant before a Notary Public. Applicant must be the President of the company and operator and/or lessee of the business seeking common show license.
2. Applicant must already possess a valid Cabaret Accessory Use Entertainment License in order to apply for a Common Show License. If you do not have a valid Cabaret Accessory Use Entertainment License, please contact us for an application or simply download it from our website at www.YonkersNY.gov.
3. Licenses are issued subject to approval by appropriate agencies as specified in all ordinances relating to and regulating common show licenses.
4. Please make all Certified/Business Checks/Money Orders payable to the City of Yonkers.

LICENSING FEES AND EXPIRATION DATE

\$100.00—one year term
License expires March 1st following date of issuance.

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name of location to be licensed:

Trade/display name/DBA (if different than above):

Address:

City:

State:

Zip Code:

E-Mail Address:

Is Applicant: ☐ Individual Owner ☐ Member of Partnership ☐ Corporation/Association
Society/Organized group

State Liquor Authority license number (If applicable):

Provide the following information for each owner, partner or corporate officer:

Name/Title

Address

Telephone

DOB

Social Sec#

Type (s) of Performance to be held on premises:

Days/Nights of performance:

Number of floors on premises:

Total square footage of premises:

Is there a dance floor on the premises?

If 'Yes', on what floor(s):

If additional rooms are to be used independently by the applicant on the same premises to be licensed, list their purpose/locations:

Has the owner/partner or any officer of the corporation ever been convicted of a crime?

If 'Yes', give details:

FOR CORPORATIONS, CLUBS, ETC. ONLY

Name of Corporation:

Date of Incorporation:

State in which corporation was organized:

Is corporation authorized to do business in New York State?

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I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true.

Signature: _____ Date: _____

Print name: _____

Notary Public

Hold Harmless Clause

This "Hold Harmless Clause" must be signed by an officer of your organization, dated and witnessed.

The applicant agrees to protect, defend, indemnify and hold the City of Yonkers, et al and its employees free and harmless from and against any and all losses, claims, liens, demands, and causes of action of every kind and character including, but not limited to the amount of judgments, penalties, interest, court cost, legal fees incurred by the City of Yonkers, et al arising in favor of any party, included in claims, liens, debts, personal injuries, including employees, of the City of Yonkers, et al, death or damages to property (including property of the City of Yonkers, et al) and without limitations by enumeration, all other claims or demands of every character occurring or in anyway incident to, in connection with or arising directly or indirectly out of the said agreement.

Signature

Witness

Dated

Dated

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director

OFFICIAL USE ONLY

Yonkers Police investigation report: I hereby recommend: _____ approval _____ disapproval.

Signature of Police Commissioner: _____ Date: _____.

SID # _____

Fire Department investigation report: I hereby recommend: _____ approval _____ disapproval.

Signature of Fire Commissioner: _____ Date: _____ Occupancy limit _____.

Building & Housing investigation report: I hereby recommend: _____ approval _____ disapproval.

Signature of Building and Housing Commissioner: _____ Date: _____.